



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
NEW ENGLAND DISTRICT, CORPS OF ENGINEERS
696 VIRGINIA ROAD
CONCORD, MASSACHUSETTS 01742-2751

REQUEST FOR VERIFICATION OF STUDENT STATUS

****TO BE COMPLETED BY EDUCATIONAL INSTITUTION****

TO: Office of the Registrar

Please furnish information below on identified student:

Name: _____

SSN: _____

1. _____ Currently enrolled as a full-time student
_____ Currently enrolled as a half-time student
_____ Currently enrolled as more than a half-time student
_____ Accepted for enrollment at least half-time
_____ Not currently enrolled.

Note: Half-time is whatever the school determines meets the definition of half-time or one half the number of hours the school requires to be considered a full-time student.

2. Is the student maintaining an acceptable school standing?

_____ Yes _____ No _____ New Student

3. Anticipated graduation date: _____

INFORMATION
PROVIDED BY:

Signature: _____

Title: _____

School: _____

Date: _____